

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD

STATE DEPARTMENT OF HEALTH

015-011200

015-011798

Name: MINIMUM OF AMERICA CODE NO.

Pick up Address: 5151 ALICE (NUMBER) (STREET) (CITY) DEANON

Telephone Number: (714) 911-1111 P.O. or Contract No.: 401496

Order Placed By: J. H. HENRY Date: 9-17-80

Type of Process: MINIMUM OF AMERICA CODE NO.

Which Produced Wastes: MINIMUM OF AMERICA (Examples: metal plating, equipment cleaning, oil drilling - wastewater treatment, pickling bath, petroleum refining)

Check type of wastes:

- | | | |
|---|--|---|
| 1. <input type="checkbox"/> Acid solution | 6. <input type="checkbox"/> Tetraethyl lead sludge | 11. <input type="checkbox"/> Contaminated soil and sand |
| 2. <input type="checkbox"/> Alkaline solution | 7. <input type="checkbox"/> Chemical toilet wastes | 12. <input type="checkbox"/> Cannery waste |
| 3. <input type="checkbox"/> Pesticides | 8. <input type="checkbox"/> Tank bottom sediment | 13. <input type="checkbox"/> Latex waste |
| 4. <input type="checkbox"/> Paint sludge | 9. <input type="checkbox"/> Oil | 14. <input type="checkbox"/> Mud and water |
| 5. <input type="checkbox"/> Solvent | 10. <input type="checkbox"/> Drilling mud | 15. <input type="checkbox"/> Brine |

Other (Specify) MINIMUM OF AMERICA CODE NO.

Components:
Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Upper	Concentration: Lower	%	ppm
1.				
2.				
3.				
4.				
5.				
6.				

Hazardous Properties of Wastes:

pH 2.4 ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 775 ☐ gal ☐ tons ☒ barrels (42 gal.) ☐ other (SPECIFY)

Containers: (NUMBER) ☐ drums ☐ cartons ☐ bags ☒ other (SPECIFY) TANK

Physical State: ☐ solid ☒ liquid ☒ sludge ☐ other (SPECIFY)

Special Handling Instructions (if any): NONE

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

ASBURY OIL CO.
13419 Halldale Ave., Gardena, California 90248
Phone: (213) 321-1392

SFUND RECORDS CTR
999000303

CODE NO.

Pick Up: (DATE) Time: 3 (HOUR) 00 (MIN)

State Liquid Waste Hauler's Registration No. (if applicable): 15

Job No.: No. of Loads or Trips: 1 Unit No. 4

Vehicle: ☒ vacuum truck 160 barrels, ☐ flatbed, ☐ other (SPECIFY)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

Name (print or type): Operator No. 1 CODE NO.

Site Address: Monte Vista Park

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): State fee (if any):

Handling Method(s):

- ☐ recovery
- ☐ treatment (specify): (EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION) CODE NO.
- ☐ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well
- ☐ other (specify): CODE NO.

If waste is held for disposal elsewhere specify final location:

Disposal Date: 9-15-80

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

COPY TRACED FROM LEGIBLE DOC. 3/92

K001235

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name:

DISPOSAL - STATE COPY